

VERIFICATION OF CALIBRATION REPORT

DEC 22 2009

of DataMaster edm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator: <i>Noll, David</i>		DataMaster edm S/N <i>130306</i> ✓	
Name	<i>Noll, David</i>	ID# <i>6520</i>	Date <i>12-21-09</i> ✓
Agency	<i>APD</i>	Phone # <i>786-8968</i>	
Instrument Location	<i>4th Ave Sub - North Room</i> ✓		
Alc S/N	<i>X124650</i> ✓	Target Value	<i>.079</i> ✓
		High Pressure	<i>400</i>
Alc 1st Value	<i>.076</i> ✓	Alc 2nd Value	<i>.076</i> ✓
Signature: <i>[Signature]</i>			
COVER			

(Do Not write in the area below)

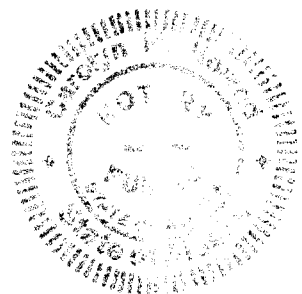
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Nita J. Bolz
Nita J. Bolz
Scientific Director
State Breath Alcohol Program

Subscribed and sworn before me this *14th* day of *January*, *2010*

[Signature]
Carolyn M. Noland
Notary Public, State of Alaska
Commission Expires with Office



VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N

130306

(CONTINUED FROM FRONT PAGE)

ENTER THE RESULTS FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES

NONDRINKING SUBJECT TEST

STATE OF ALASKA
SCIENTIFIC CRIME DETECTION LABORATORY

TESTER'S NAME:

TESTER'S NUMBER:

TESTER'S LAST NAME:

TESTER'S SIGNATURE:

TESTER'S TITLE:

TESTER'S ADDRESS:

TESTER'S PHONE:

TESTER'S FAX:

TESTER'S E-MAIL:

TESTER'S SIGNATURE:

TESTER'S SIGNATURE:

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DIAGNOSTIC CHECK

TESTER'S NAME:

TESTER'S NUMBER:

TESTER'S LAST NAME:

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